PREOPERATIVE CHECKLIST

DATE OF PRO	OCEDURE / SURGERY /	ALLERGIES									7.	
-			State of the last					_				
NPO		VITAL SIGNS		1000		172			4		a :m	
DNO [TYES - TIME	T=	P=	R=			BP≅		וד	ME	p.m.	
I.V. SITE				-		SIZE	I.V. CATH	3	OLUTION	STARTE	DAI am	
Эиои 🗀	□ RT OR □	ET HAND AARMA	DR OTHER					ga			p.m.	
					UNIT OR			<i>B</i>	COMME	NTS		
								(NO ANSWERS, CIVE REASON AND ACTION)				
I.D. BAND C	ORRECT AND IN PLA	CE		1			-1					
BLOOD BAN	D AND TYPENEX BA	NO ON / CONSENT		1								
OPERATIVE	PERMIT COMPLETE											
ANESTHES	A CONSENT COMPLI	ETE		7 1			1					
ADVANCE D	DIRECTIVES COMPLE	TE						100				
SITE CONFI	RMATION COMPLETE									177-25		
LAB WORK	ON CHART											
CBC												
URIN	ALYSIS											
CHE	MISTRY											
OTH	ER		1900								100	
X-RAY ON C	CHART											
EKG ON CH	ART										N2	
CHART COM	MPLETE?											
ADD	RESSOGRAPH PLATE						1000					
	ORY AND PHYSICAL											
	ICATION RECORD											
	G CATH OR VOID	ED DTIME_				_ _						
	ANY PROSTHESIS?		DYES DNO	\perp	_							
	S - IS THE PROSTHE	SIS REMOVED?										
	DENTURES			1	_			_				
HEARING AID												
EYE GLASSES / CONTACTS					-	_			-			
GLASS EYE					_	_						
WIG					_	_						
EXTREMITIES												
	REMOVED (LIST)			-1 -1		-+-	-					
INFECTIONS			-		-	-+						
	BAL SHOWER	– – – – – – – – – – – – – – – – – –		1	- 1	-+						
		SOMMETAL ENDERO	ADMINING OFFI		-							
	DRESSED FOR OR (, - 	-			_	r			
TIME		AL MEDICATIONS			_		DOSA	BE	ROUTE	SITE	INITIALS	
7.7.1.2		are measured to	The state of the s	. Journa	_		-		110,512			

					_							
TIME PREOPERATIVE MEDICATIONS							DOSA	GE	ROUTE	SITE	INITIALS	
							1	-				
	***************************************	Marie Ma	-1.						·			
FAMILY / SIGN	IIFICANT OTHER WILL B	E WAITING AT (LOCATI	ON / PHONE)									
R.N. SIGNATU	R.N. SIGNATURE (FLOOR)					R.N. SIGNATURE (OR)						

